

Doc. #:  
ISO.GEN.FRM.014

## Sample Submission Form

### Food Testing Request

Release Date:	7/29/2016
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**BOLD PRINT INDICATES REQUIRED INFORMATION. INCOMPLETE INFORMATION MAY CAUSE SPECIMEN REJECTION.**  
See instructions on page 2 for completion of this form.

## Sample Information

Sampling Location: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Parish: \_\_\_\_\_

## Product Label Information

Responsible Party: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Parish: \_\_\_\_\_

**Sample ID** (Product Lot # - Sample Number A - Z)

**Lab Barcode  
Label**

*Affix Label Here*

**Test Requested:** For test information, see [new.dhh.louisiana.gov](https://new.dhh.louisiana.gov) or email questions to [oph.publichealthlab@la.gov](mailto:oph.publichealthlab@la.gov)

☐ *Salmonella*      ☐ *Listeria monocytogenes* / *Listeria* species      ☐ Other (organism suspected)

**Date of Collection:**  /  /  **Time:**  :  **Sample Product Code / Type<sup>2</sup>:**

Collected by: \_\_\_\_\_ Sanitarian ID<sup>3</sup>: 

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**Storage Temperature:** ☐ Refrigerated ☐ Frozen ☐ Ambient

**Shipping Date:**  /  /  **Time:**  :

### Submitter Information

*If you know your StarLims Facility Identification Number, enter it here.*

**Customer<sup>1</sup> Name:**

**Customer Address:**

**Contact Person:** \_\_\_\_\_

**Phone/Fax:** \_\_\_\_\_ / \_\_\_\_\_

Optional - Facility Stamp

## Chain of Custody Record <sup>4-7</sup>

*Additional entries for Chain of Custody Record section on page 2<sup>8</sup>*

[illegible]

**Ship Specimens to LDH-OPH Central Lab, 1209 Leesville Avenue, Baton Rouge, LA 70802**

## TO BE COMPLETED BY STATE LABORATORY

Temp. Recorder  
Serial #:

Minimum  
Temp:

Maximum  
Temp:

Acceptable: ☐ Yes ☐ No

<b>Seal Broken</b>		<b>Date &amp; Time:</b>		<b>Pre-Testing Storage Location:</b>	
<b>By:</b>					

Date Testing / Analysis Initiated:		Testing / Analysis Initiated By:		Date Testing / Analysis Completed:	
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Post-Testing Storage Location:	Sample Disposition Authorized By:	Date & Time of Authorization:
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Sample Disposition Date & Time:		Sample Disposed By:		
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**Date/Time Received Stamp**

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**Chain of Custody Record**<sup>4-7</sup> (Continued from page 1)

Relinquished By	Date & Time	Received By	Date & Time	Remarks <sup>6</sup> (Physical Appearance of Sample)

Comments

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**Instructions for Completion of Sample Submission Form for Food Testing:**

- The Customer/Collector fills out the Sample Information, Product Label Information, and Customer Information sections. For the purpose of this form, **the "Customer" is the agency or party that is requesting the testing of samples.**
- Sample Product Code / Type Options:
  - Product Code 3:** Bread, rolls, buns, sugared breads, crackers, custard- and cream-filled sweet goods, and icings
  - Product Code 4:** Macaroni and noodle products
  - Product Code 12:** Cheese and cheese products
  - Product Code 16:** Canned and cured fish, vertebrates, and other fish products; fresh and frozen raw shellfish and crustacean products for direct consumption; smoked fish, shellfish, and crustaceans for direct consumption
  - Product Codes 20-22:** Fresh, frozen, and canned fruits and juices, concentrates, and nectars; dried fruits for direct consumption; jams, jellies, preserves, and butters
  - Product Code 23:** Nuts, nut products, edible seeds, and edible seed products for direct consumption
  - Product Code 24:** Fresh vegetables, frozen vegetables, dried vegetables, cured and processed vegetable products normally cooked before consumption
  - Product Code 37:** Ready-to-eat sandwiches, stews, gravies, and sauces
  - Product Code 38:** Soups
  - Product Code 39:** Prepared salads
- The Sanitarian ID is ONLY required for Louisiana Department of Health - Office of Public Health Sanitarians.
- The Collector signs and records the date and time in the "Relinquished By" section of the 1st row of the Chain of Custody Record when relinquishing the sample to another person (e.g. courier, lab personnel, etc.)
- The recipient will sign in the "Received By" section next to the person who relinquished it, also including the date and time of receipt.
- Each recipient will also include the physical appearance/condition of the sample in the "Remarks" section. Condition descriptions may include good condition, leaked, seal broken, etc.
- Each time the sample changes hands, an entire row of the Chain of Custody Record will be completed with signatures and date/time records for the relinquisher and receiver, and physical appearance/condition of sample under "Remarks".
- If space on page 1 for Chain of Custody Records is exceeded, additional Chain of Custody Record lines are available on page 2.